

# FORM LM-30

## LABOR ORGANIZATION-OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E

1 File Number U <input type="text"/>	2 Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004 Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004
3 Name and address of person filing. Name <input type="text"/> DANIEL <input type="text"/> R <input type="text"/> WEBER P O Box, Bldg. Room No if any <input type="text"/> Street <input type="text"/> N8439 MINAWA BEACH ROAD City <input type="text"/> FOND DU LAC State <input type="text"/> WI ZIP Code + 4 <input type="text"/> 54935	4 Name, file number and address of labor organization. Name <input type="text"/> DISTRICT LODGE 121 Labor Organization File Number <input type="text"/> 065599 P O Box, Building and Room Number if any <input type="text"/> Street <input type="text"/> 1210 EMERALD TERRACE City <input type="text"/> SUIV PRAIRIE State <input type="text"/> WI ZIP Code + 4 <input type="text"/> 53590
5 Position in labor organization <input type="text"/> VICE PRESIDENT	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a. Nature of Interest, Transaction or Income <input type="text"/>    7 b. Amount <input type="text"/>    

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Daniel R Weber*

On

8-12-05

Date

920 898 4037

Telephone Number